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FACILITY UTILIZATION AGREEMENT  
The Cotton Belt Depot Visitors Center

The Gatesville Chamber of Commerce operates from the historic Cotton Belt Depot building. The Depot is the site for several Chamber sponsored community-wide events. The Depot is located in the heart of Gatesville making it an ideal location for meetings or events. This agreement outlines the terms for use of the Gatesville Chamber of Commerce property.

The Gatesville Chamber of Commerce operates this facility that is available to the public for community activities. The Gatesville Chamber of Commerce does not discriminate on the basis of race, religion, sex, or national origin. Gatesville Chamber of Commerce facilities may not be used for discriminatory, immoral, or illegal purposes.

**Conditions for Use**

- You must be at least 18 years of age to utilize the property
- No smoking inside the building
- No tables or chairs are allowed to leave the building
- No disturbing the peace
- No damage to the structure or contents
- No trash left on property
- Your organization is responsible for the clean-up of the facility
- No activity that will be invasive to the parking area for any activity other than parking must be pre-approved by the Chamber Executive Board

**Reservation**

- Reservations are taken on a first-come first-served basis
- A \$100 deposit for the use of the space is required for all organizations
- Reservations are not confirmed until the deposit is made
- The deposit will be returned following the event assuming all conditions have been met

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**Contact Information**

Name of Group: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Event Details**

Function: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Record of Deposit**

Amount of Deposit: \_\_\_\_\_  
Date of Payment: \_\_\_\_\_  
Date of Payment Return: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Chamber Representative: \_\_\_\_\_

I have read and understand the rules and regulations for the use of the facility and agree with the conditions for the return of the deposit. I assume all responsibility for the condition for the facility and agree with the conditions for the return of my deposit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chamber Representative

\_\_\_\_\_  
Date